PTO/SB/17 (12-04v2)

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ction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Seffective on 12/08/2004. Complete if Known Consolidated Appropriations Act, 2005 (H.R. 4818). 10/786,514 **Application Number** EE TRANSMIT Filing Date **FEBRUARY 24, 2004** For FY 2005 First Named Inventor JOHN F. STOOPS **Examiner Name** CASSANDRA F. COX Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2816 **TOTAL AMOUNT OF PAYMENT** 130.00 7616-US0 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 20-0352 Deposit Account Name: TEKTRONIX, INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 600 500 250 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 **Total Claims** Extra Claims Multiple Dependent Claims Fee (\$) - 20 or HP = 50 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Pald (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) (round up to a whole number) x / 50 = 0 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): PETITION TO WITHDRAW AN APPLICATION FROM ISSUE 130.00

SUBMITTED BY
Signature
Registration No. (Attorney/Agent)

Name (Print/Type) THOMAS F. LENIHAN
Registration No. (Attorney/Agent)

Date JUNE 15, 2005

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Under the Paths work Reduction Act of 1995 TRANSMITTAL FORM		atent and Trac	· ····································
(to be used for all correspondence after initial Total Number of Pages in This Submission	Examiner Name Attorney Docket Number	CASSANDRA 7616-US0	A F. COX
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	ddress [After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Post Card Receipt
Firm Name TEKTRONIX, INC. Signature Printed name THOMAS F. LENIHAN	TURE OF APPLICANT, ATTO		
Date JUNE 16, 2005	F	Reg. No. 3	32,152

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name PAULINE L. SISSECK Date JUNE 16, 2005

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N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Conf. No. 2769 Date Mailed: 03/28/2005

In re Application of

JOHN F. STOOPS, ET AL

Art Unit: 2816

Serial No. 10/786,514

Examiner: Cassandra F.. Cox

Filed: February 24, 2004

For: METHOD AND APPARATUS FOR AN

IMPROVED TIMER AND PULSE WIDTH

DETECTION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 16, 2005

Pauline L. Sisseck

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUBMISSION OF ANNOTATED AND REPLACEMENT DRAWINGS

Dear Sir:

Enclosed is both an ANNOTATED and REPLACEMENT sheet for Figures 2 and 7 for the above referenced application.

Respectfully submitted,

JOHN F. STOOPS

Thomas F. Lenihan

Reg. No. 32,152

Patent Attorney for Applicant(s)

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Attorney Docket No.: 7616-US0

June 16, 2005